Chapter 5: Intake, Evaluation, Assessment

The State of Missouri ensures that the statewide system of early intervention includes the performance of a timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, including assessment activities related to the child and the child's family. DESE, as the lead agency for Part C, is responsible for ensuring that all SPOEs and enrolled service providers implement these requirements.

Timelines for Evaluation and Assessment (§303.322(e))

Timelines

The initial Individualized Family Service Plan (IFSP) meeting needs to be within 45 calendar days of the date of referral. Intake, evaluation and assessment (child and family) activities must be completed within this time frame. There are no specific timeline requirements for when intake and evaluation activities must occur after referral; however, they should be conducted in a timely manner to ensure that the 45-day timeline is met.

The 45-day timeline may only be exceeded due to family reasons. For example, the family may choose to take more time to consider their options in the First Steps system or their child may be hospitalized causing a delay in the process. These delays must be thoroughly documented in a case note in the child's Early Intervention Record. Some examples of unacceptable circumstances for exceeding the forty-five day timeline include: waiting for a physician referral for assessment; waiting for an assessment from another provider; or being unable to contact family because they do not have a telephone.

First Contacts with Families

Upon receiving a referral, the SPOE must appoint an Intake/Service Coordinator as soon as possible. The Intake Coordinator initiates the first contact with the family, which includes welcoming the family, explaining First Steps to them, and starting the process of eligibility determination.

First Steps brochure
Parental Rights brochure
Notice of Action

The first contact with the newly referred family provides the opportunity to introduce the First Steps system to them, discuss the referral and talk about the opportunities and options they have within the system. The brochure describing First Steps is shared and reviewed with the family and any questions they have are answered. The Intake Coordinator then provides the family with a written notice of intent to conduct a multidisciplinary evaluation/assessment of the child and a family assessment. The written notice must be accompanied by a copy of the Parental Rights brochure. If the family would like to proceed, their written consent is then obtained.

Parents Decline to Participate

Procedural safeguards that apply at the intake step include explaining the First Steps system to the family and obtaining their informed, written consent to proceed to eligibility determination.

If consent is not given by the family, the Intake Coordinator shall make reasonable efforts to ensure that the parent is fully aware of their options and understands that the child will not be able to receive the evaluation, assessment or services unless consent is given.

Consideration should be given to talking with the family not only about the potential effects of their refusal, but also to alert them to the state's Parents as Teachers program as well as other available

services. Linking parents to ongoing developmental services is important for all referrals, especially those who decline services at any point in time.

If the Intake Coordinator believes the failure to consent to evaluate would constitute neglect as defined in Child Abuse and Neglect Laws of Missouri, Section 210.110 RSMo, a report would need to be made to the proper authorities.

In Missouri, an Intake Coordinator from the local SPOE is assigned to assist families through the initial activities including intake, eligibility determination, and the development of the initial IFSP. If the SPOE is unable to locate a family or if the family repeatedly fails to engage with the SPOE, the Intake Coordinator must document the dates and times of attempted contact in case notes as well as in letters to the family. After three good faith attempts to contact the family with no response, a certified letter should be sent stating that the child's referral record will be closed if contact is not made within five calendar days. No more than 30 days from the date of referral should pass during this process. This letter should contain detailed descriptions of how the family could re-establish contact with the First Steps system should they desire to do so in the future. This letter must also include a Parental Rights brochure.

Families may need time to review the activities proposed, and must given their consent in writing prior to proceeding with the activities. Families may want to talk with other family members or individuals, such as clergy, who offer guidance and support to them. This is sometimes highly dependent upon the culture of the family. Families may need time to digest the information provided, research and ask questions, and think about the

options in order to make informed decisions that will be meaningful for them.

Parents Sign Consent

If the parents sign consent to evaluate, the Intake Coordinator then discusses the family's questions or concerns about their child's development by completing the Combined Enrollment and Social History Form. Information from the social history may be used in the eligibility determination process. An important discussion to have with the family at this point would be regarding any information that may already exist about the child that may assist in the eligibility determination process. Examples would be Parents as Teachers or physician screening; evaluations or assessments already completed; medical records; hospital discharge plan; etc. A Release of Information form must be signed by the family to obtain existing records.

Combined Enrollment
Social History
Release of Information

The Intake Coordinator continues to build the EI Record at the SPOE

The Health Summary should be sent to the child's medical home/primary care physician so that this information is available to the individuals who will be doing the evaluation for eligibility. In the interest of time, the Intake Coordinator may collect this information via telephone call. In this instance, the physician should also sign and return the Health Summary form to the SPOE.

Health Summary

This health screening should have included a vision and hearing screening. All children, irrespective of their insurance coverage, should be linked to a medical home in the community. All children enrolled with Medicaid should be linked to a primary care physician who is a Medicaid provider for screening and ongoing medical care. A physical health screening will indicate whether or not routine and periodic well-child care is in place, immunizations or developmental findings that may

Medical Home: Missouri seeks to ensure that every child has a medical home providing well child care, immunizations and medical care as needed. First Steps supports this goal by assisting all families to locate and link with a primary medical home upon referral to First Steps.

have occurred as a result of the physical health screening. While these data may help to contribute to the determination of eligibility, the delay in receiving this information does not exempt the SPOE from meeting the 45-day timeline.

The Purpose of Screening

The purpose of a screening is to determine if the suspicion of eligibility/delay is warranted before proceeding further to formal assessment activities. Results of a screening are used in concert with other information including the reason for referral, parent interview, existing medical or other information, etc., to make eligibility determinations. Screening is a "snapshot", not a diagnostic step; and may not solely be used to determine eligibility; nor are these results valid for use in IFSP development.

If a child is referred and has not had a physical health screening or well-baby check-up according to the nationally approved periodicity schedule, the family should be encouraged to and assisted in obtaining an appropriate screening(s) from a community physician or the local health department before scheduling any assessment(s) services.

Essential components of the screening process are:[i]

- Sensitive attention to parental concerns
- Thoughtful inquiry about parental observations
- Observations of a wide variety of the child's behaviors
- Examination of specific developmental attainments
- Use of all encounters for observing and recording developmental status
- Screening of vision and hearing to rule out sensory impairment as a cause of the delay, and
- Observation of parent-child interaction.

When a referral is received, the child may have already had a screening in vision, hearing or development. For example, children referred by the medical community will likely have completed a physical health screening or well-baby check-up. The screening should not be repeated. A copy of the screening, or verbal information concerning the outcome of the screening, should be obtained and recorded in the child's early intervention record.

A thorough effort must be made to obtain the completed physical health, vision and hearing screening(s) early in the referral and eligibility

determination process, as the screening(s) provide crucial information about what additional information and/or assessment may be necessary for eligibility determination.

If a developmental screening has not been performed, it is not required that one be conducted. Every situation needs to be individually considered before any screenings or evaluations are planned or conducted. Developmental screening assists the family and Intake Coordinator in the identification or confirmation of areas that need more focused attention during the eligibility determination period and/or service planning activities.

The Intake Coordinator may conduct a comprehensive developmental screening if one has not been performed and is indicated. The Intake Coordinator must be trained in the administration of any developmental screening instrument that is used. They may refer the child to the local Parents as Teachers (PAT) program to provide this service as long as the timeline to accomplish the developmental screening does not interfere with the timelines for eligibility determination and if appropriate, IFSP development.

For sensory issues, it is also important to consider the birth history of the child, especially where prematurity, precipitous or long labor or unplanned caesarean is present. If screening outcomes indicate concerns in either or both of these areas, the Intake Coordinator should work with the child's medical home/primary physician in seeking additional diagnostic services.

Vision and hearing screenings are conducted with this age population through a combination of family/parent interview, observation and minimal skill testing. The family interview may include

questions such as, “does your child seem to see well?” “Does your child hold objects unusually close to his or her face when trying to focus?” “Do the eyes appear straight?” It is important to listen carefully to families who note that their child may have problems with their eyes or vision, because parents’ observations often prove correct. Relevant family histories regarding eye disorders or early use of glasses should always be explored.

The child’s primary care physician may conduct an eye evaluation, which would include an external inspection of the eyes and age-appropriate visual acuity and ocular muscle motility and eye muscle imbalances, including an ophthalmoscopic examination.[ii]

Missouri is currently implementing universal newborn hearing screening statewide and very young children with a confirmed hearing loss will be referred to First Steps.

Referral for hearing screening or evaluation should be considered for those children at risk for hearing loss (e.g., history of trauma, meningitis and for those demonstrating clinical signs of possible hearing loss). Although most hearing loss in children is congenital – that is, present at birth, a significant portion of hearing loss is acquired after birth. Regardless of the age of onset, all children with hearing loss require prompt identification and intervention supports and services.[iii] Family/parent interview including questions about hearing loss or problems with the hearing ability of other family members is part of the First Steps intake process. The interview should focus on the family’s perception of the child’s hearing ability, birth history and communication skills.

Vision and hearing screening should precede the administration of other domain tests. In the absence of these screening results, the administration, scoring and reporting of other domain tests can be compromised. For example, it would be important to consider an audiological referral for a child referred to First Steps with language and/or communication concerns where the family not only shares these concerns, but where there also exists a familial history of hearing loss or deafness or when the child was born prematurely.

Continuing Intake Activities

The Intake Coordinator utilizes the materials collected through the intake process to assemble information that helps to describe the child's developmental status, diagnosis (if one exists) and existing screening or assessment/evaluation reports that have been performed. Supplemental medical information may be obtained from the child's primary medical home or specialty care providers, as listed in the Social History Interview.

If, upon initial review of these materials, eligibility is unable to be determined from the information at hand, evaluations can be identified and authorized to provide additional information for eligibility determination. The Intake Coordinator works with the family to introduce the Service Matrix and assists them to identify the service providers who will conduct any evaluations necessary to determine their child's eligibility for First Steps services. The role of the Intake Coordinator is to assist the family in using the Service Matrix to select providers of evaluations. Their role is neither to select for the family nor to simply hand them a copy of the matrix and tell them to choose. The level of assistance that each family will need in using the matrix will vary and should be individualized. Families must make provider choices in a timely fashion so as not to

Service Matrix

delay the 45-day timeline. The Intake Coordinator processes an authorization through the SPOE for these provider services.

Authorization Form

Summary reports and information must be provided in a timely manner to the Intake Coordinator so that the eligibility may be determined and the process can move forward to IFSP development.

[i] Excerpted from the American Academy of Pediatrics, Policy Statement dated May 1994, entitled "Screening Infants and Young Children for Developmental Disabilities" (RE9414)

[ii] Excerpted from the American Academy of Pediatrics, Policy Statement dated July 1996, entitled "Eye Examination and Vision Screening in Infants, Children and Young Adults" (RE9625)

[iii] Excerpted from the American Academy of Pediatrics, Policy Statement dated February 1999, entitled "Newborn and Infant Hearing Loss: Detection and Intervention" (RE9846)